



NEBRASKA WORKERS' COMPENSATION COURT

PROGRAM OF STUDY

Student: _____ SS#: _____ School: _____ Program _____

Term: _____ Term: _____ Term: _____ Term: _____ Term: _____

Course Title	Hrs	Course Title	Hrs	Course Title	Hrs	Course Title	Hrs	Course Title	Hrs
Total Hrs ____		Total Hrs ____		Total Hrs ____		Total Hrs ____		Total Hrs ____	

Term: _____ Term: _____ Term: _____ Term: _____ Term: _____

Course Title	Hrs	Course Title	Hrs	Course Title	Hrs	Course Title	Hrs	Course Title	Hrs
Total Hrs ____		Total Hrs ____		Total Hrs ____		Total Hrs ____		Total Hrs ____	

Vocational Rehabilitation Counselor: _____

Page ____ of ____